•	•				September 5,	
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	SEP 2 6 200	, © /	or <u>Fax</u>	P.O. Box 1450 Alexandria, Virg (571)-273-2885	ginia 22313-1450	
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san oose, en					(Depositor's name) (Signature)	
APPLICATION NO.	FILING DATE	, ,	FIRST NAMED INVENT	OR	ATTORNEY DOCKET NO	(Date)
09/757.012	01/08/2001	·]	Arnon Amir	OK	ARC9-2000-0093-US1	CONFIRMATION NO.
TITLE OF INVENTION: SYSTEM AND METHOD FOR MICROPHONE GAIN ADJUST BASED ON SPEAKER ORIENTATION						
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DU	E PREV. PAID ISSUE	FEE TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	\$0	\$1700	12/05/2006
EXAMINER ART UN			CLASS-SUBCLASS			
CHAU, COREY P 2615 700-094000						
Change of correspondence CFR 1.363). Change of correspond. Address form PTO/SB/12	ence address (or Cha	•	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,			
"Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Custon Number is required.			(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents // 1200 first 3 00000162 090441 09757012 listed, no name will be printed.			
3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) 62 FC: 1504 300.00 DA PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)						
International Business Machines Corporation Armonk, New York						
Please check the appropriate assignee category or categories (will not be printed on the patent): 🔲 Individual 🖾 Corporation or other private group entity 🗀 Government						
4a. The following fee(s) are submitted: 4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) Lissue Fee A check is enclosed.						
Publication Fee (No sm	rmitted)	 ✓ Payment by credit card. Form PTO-2038 is attached. ✓ The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 09-0441 (enclose an extra copy of this form). 				
5. Change in Entity Status (from status indicated above) a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).						
NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.						
Authorized Signature				ember 12, 200	6	
Typed or printed name John L. Rogitz			Registration No. 33,549			
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